



Central Services Division
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Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Outside Nevada (877) 368-7828
Fax: (775) 684-4992
Website: www.dmvnv.com

TWO YEAR AFFIDAVIT

Case Number _____

Accident Date _____

Driver's License Number _____

I hereby request the termination of the suspension of my driving and/or registration privilege in the State of Nevada, as provided for in the Motor Vehicle Insurance and Financial Responsibility Act, and in support of said request, I submit the following affidavit:

I, the undersigned, being first duly sworn, depose and state:

1. My driving and/or motor vehicle registration was/were suspended in connection with the accident described above.
2. Two years have elapsed following the date of the accident and during such period, no action at law has been instituted and is pending against me involving any claim for damages or injuries out of said accident.

Signed _____ Date _____

Mailing Address _____
Street City State Zip

State of Nevada
County of _____

Subscribed and sworn to before me on _____
Date

by _____
Name(s) of Person(s)

Authorized NV DMV Representative

Notary Public in the County of _____, State of _____